PIN:	
IRM	S:

2013 Vaccine for Children (VFC) Program Vaccine Ordering and Arizona State Immunization Information System (ASIIS) User Information

Please list the full name(s) of each so ordering VFC Program vaccine the			
1.		2.	
Primary contact for VFC vaccine ord	ering:		
Permanent practice email address to	send user names and pas	sswords for VOMS:	
Backline phone number:			
User will use the following methods Web Application (Direct access ASIIS Paper Reporting Form Practice Management (PMS)/Bi Electronic Medical Record (EM	to the registry via the in		:
Name of PMS/EMR:		Name of Vendor/Company:	
Please list the full name(s) of each purposes of querying, entering and query (look up) records, you only n	or editing immunizat	ion data. If you are only using tl	
1.	☐ View Privilege☐ Edit Privilege	5.	☐ View Privilege ☐ Edit Privilege
2.	☐ View Privilege ☐ Edit Privilege	6.	☐ View Privilege ☐ Edit Privilege
3.	☐ View Privilege ☐ Edit Privilege	7.	☐ View Privilege ☐ Edit Privilege
4.	☐ View Privilege☐ Edit Privilege	8.	☐ View Privilege ☐ Edit Privilege
		ent record and immunization recor hanges to patient and immunization	
Primary contact for Immunization	(Pleas	e Print)	
	*** Im p	ortant***	
ASIIS Fax: 602-364-3285			